Annual Report of the

FEDERAL SECURITY AGENCY

1951

Office of Vocational Rehabilitation

HD 7123
1951
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The Annual Report of the Federal Security Agency contains the Administrator's report and the reports of all the Agency's constituent organizations. In addition, the following reports are issued as separate reprints:

THE ADMINISTRATOR'S REPORT
SOCIAL SECURITY ADMINISTRATION
PUBLIC HEALTH SERVICE
OFFICE OF EDUCATION
FOOD AND DRUG ADMINISTRATION
OFFICE OF VOCATIONAL REHABILITATION
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Letter of Transmittal

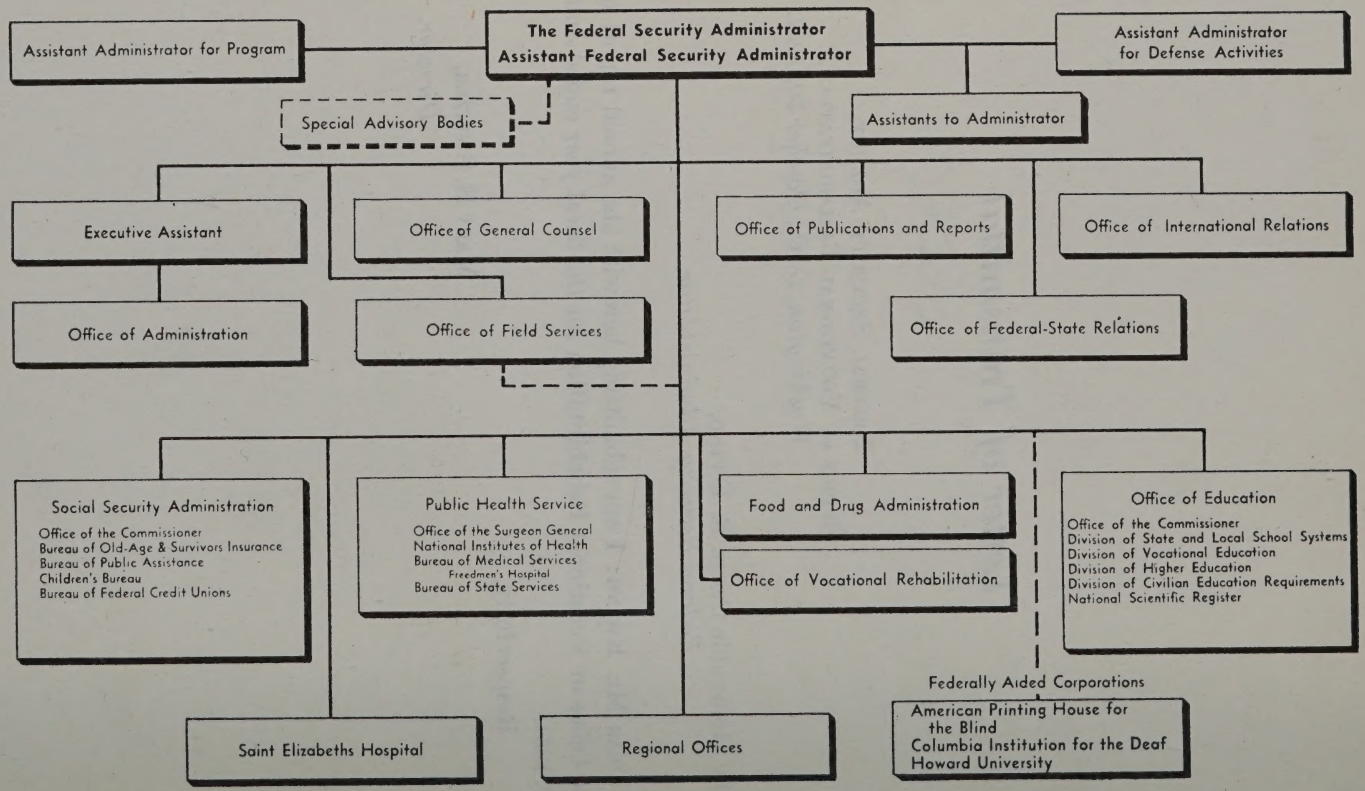
FEDERAL SECURITY AGENCY,
OFFICE OF VOCATIONAL REHABILITATION,
Washington, D. C., October 30, 1951.

The Honorable OSCAR R. EWING,
Federal Security Administrator.

DEAR MR. EWING: I am submitting herewith the annual report of the Office of Vocational Rehabilitation for the fiscal year ended June 30, 1951.

Respectfully,

MARY E. SWITZER,
Director.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Division of Civilian Education Requirements
National Scientific Register
Federally Aided Corporations
American Printing House for the Blind
Columbia Institution for the Deaf
Howard University
Saint Elizabeths Hospital
Regional Offices

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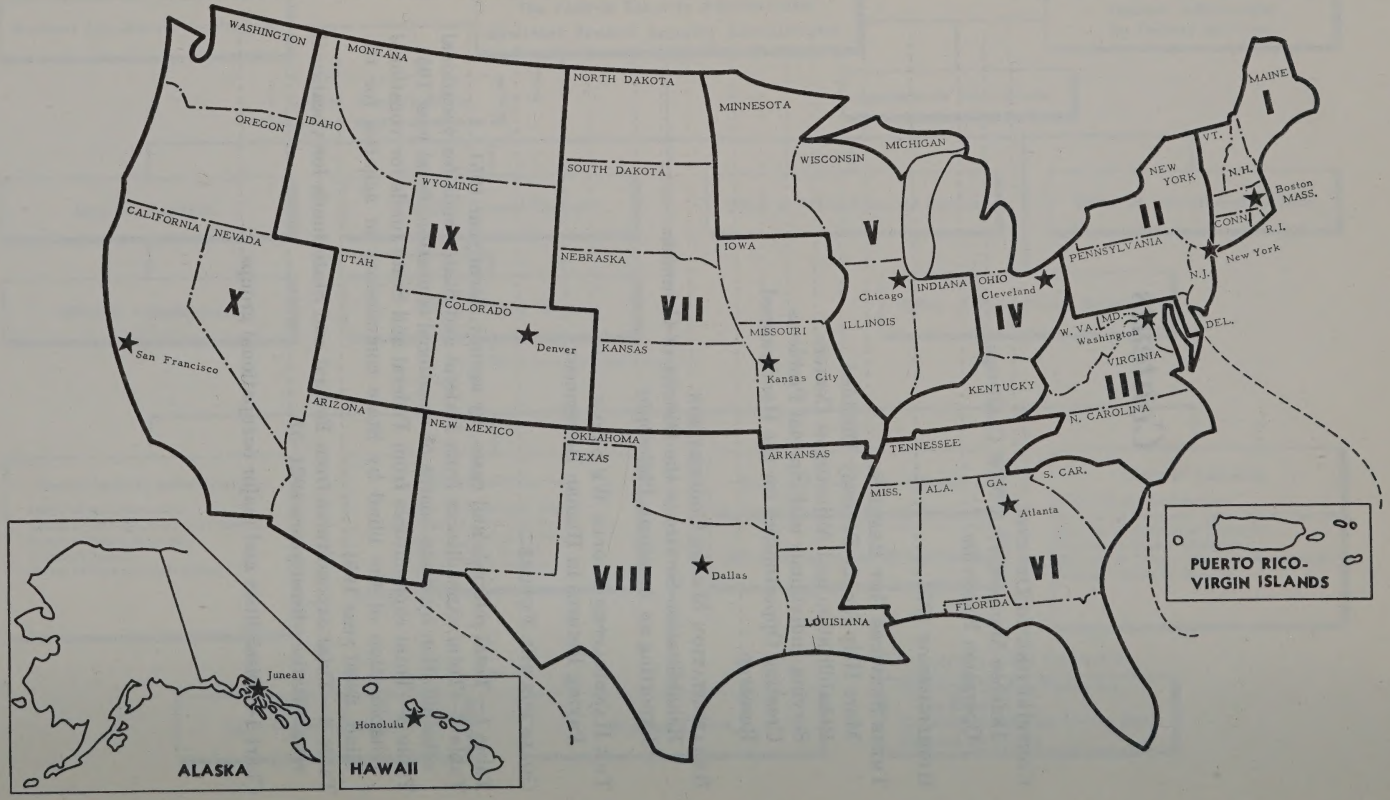
REGIONAL AND TERRITORIAL AREAS AND OFFICES OF THE FEDERAL SECURITY AGENCY



Office of Vocational Rehabilitation

Contributing to Defense

DURING THE first year of America's intensified efforts to strengthen our defenses, the State-Federal system for vocational rehabilitation set a new record in the number of disabled men and women prepared for work and placed in useful occupations. That record—an increase of about 11 percent over the previous all-time high attained in 1950—is 66,193 Americans channeled into productive occupations suitable to their capacities.

This record number of rehabilitations comes at a time when the Office of Defense Mobilization and other agencies concerned with our manpower resources are looking to the Nation's handicapped for more workers to man defense industries and maintain the production levels essential to economic strength. It comes at a time when there is added urgency to reduce the financial burden of supporting disabled persons in unwanted idleness through public and private welfare programs and use their skills in gainful work. The importance of this record to defense mobilization is evident from the fact that the men and women rehabilitated last year add more than 100 million man-hours a year to the Nation's productive effort.

The significance of the contribution which the program for vocational rehabilitation is making to defense is shown by a study of the rehabilitation case loads of 10 States having 29 percent of the country's population. This study shows that on June 30 a total of 9,932 disabled persons were receiving training and other services in these States. Of this number, 1,998 or 20 percent were being prepared for occupations in which critical shortages exist.

To prepare disabled men and women for useful work and restore them to gainful employment, vocational rehabilitation is administered

by a partnership of the States with the Federal Government which has been serving the Nation's handicapped citizens for 31 years.

Rehabilitation means different things to different people. To some it means the maximum possible restoration of impaired physical functions. To some it means vocational training for a job. To still others it means placement in a job matched to the physical capacity of the individual. But to the Office of Vocational Rehabilitation—and as used throughout this report—the term has a broader meaning. In relation to the handicapped person who can be prepared for gainful employment, it means restoring him to the fullest physical, mental, social, vocational, and economic usefulness of which he is capable.

As a minimum, vocational rehabilitation provides medical and occupational evaluation, counseling and guidance, placement on a job, and finally a follow-up to ensure that the employment is successful. It includes physical restoration, vocational training, maintenance and transportation, and tools and licenses necessary to launch a successful career. Regardless of what combination of these services is provided, *vocational rehabilitation is not complete until the handicapped man or woman is successful in useful work.*

DEFENSE MANPOWER: A NEW CHALLENGE

The past year has brought new responsibilities and new opportunities to the vocational rehabilitation program for the Nation's handicapped. An increasing requirement for manpower to meet the needs of defense production gives greater urgency to the needs for rehabilitation throughout the country. It also affords greater opportunities to serve the disabled and help them secure suitable places in our country's economic life.

In meeting the challenge raised by the Nation's accelerated efforts to build military and economic strength, OVR is taking specific steps to help relieve manpower shortages in critical occupations and essential industries. One of these steps is to assist public rehabilitation agencies throughout the country channel rehabilitants into those occupations that are on the critical list. In this connection, OVR keeps State rehabilitation agencies advised as to the occupations and activities in which the greatest needs for workers exist.

To broaden employment opportunities for the handicapped as well as to support the defense effort, OVR is working continuously to inform employers and the general public of the contributions which the handicapped worker can make when allowed to work in competitive employment. The record of those rehabilitated by this program speaks for itself. It shows conclusively that rehabilitated workers can and do fill important defense jobs. It shows that they can relieve men and women needed for military services. It shows that rehabil-

itated men and women are doing work that is necessary for the support of the country's economy. Briefly, here is the record today.

Many of the 66,193 men and women rehabilitated last year are now working in occupations wherein shortages of trained personnel are beginning to be felt. It is estimated that more than 10,000 have entered the skilled trades and are serving in such essential occupations as machinists, electricians, welders, and tool and die makers. More than 6,000 are farmers or agricultural workers. About 1,400 are in the various phases of teaching, and many of these are helping relieve the severe teacher shortage for the primary grades. At least 260 have qualified professionally as engineers. An estimated 1,400 have gone into the field of medicine and related work in hospitals, laboratories, and similar facilities.

OPERATION KNOXVILLE

In some instances OVR personnel are working directly with State agencies to assist them in developing and carrying out defense related programs. An outstanding example of this type of cooperation is "Operation Knoxville," a pilot project launched by the Tennessee Division of Vocational Rehabilitation. This is a program wherein the entire community was organized to increase the manpower available to the rapidly expanding defense industries in the area through a better use of the handicapped. It has a secondary objective of reducing the cost of public welfare in the community by making it possible for handicapped persons who have been receiving public assistance to earn their own living.

"Operation Knoxville" is a permanent program supported by the community's medical profession, labor unions, industrial and business groups, voluntary associations, press, civic associations, social agencies, and public institutions. OVR staff members assisted in organizing this program and are now encouraging the application of its methods elsewhere. The program already has resulted in the rehabilitation of a substantial number of disabled men and women, as well as in the selective placement of other handicapped persons by the local office of the public employment service.

Highlights of 1951

In addition to the 66,193 persons rehabilitated during 1951, 14,435 men and women who had been served by the program were employed but still under observation at the end of the fiscal year to ensure that their placements will be successful. Another 12,948 were ready for placement in jobs.

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The stress which OVR is placing on the rehabilitation of the disabled to provide manpower for the defense program received important national recognition when the Office of Defense Mobilization named a task force on the handicapped. This task force, with consultative assistance from the Director of OVR, is launching an exhaustive study of the entire subject of rehabilitating and employing handicapped persons to increase the supply of manpower for defense activities.

The responsibility of providing liaison between State rehabilitation operations and the defense agencies has been assumed by OVR. Much of the coordination of planning in this field is carried on through the Defense Planning Committee organized by the States' Vocational Rehabilitation Council. An advisory body to OVR, the council consists of the State directors of vocational rehabilitation. Its Defense Planning Committee assists State rehabilitation agencies in developing practical methods for channeling increased numbers of rehabilitants into defense production.

Particularly significant is the sustained effort of OVR to expand employment opportunities for handicapped persons. During the past year strong endorsements of hiring the physically handicapped were obtained by this Office from employer groups and labor organizations. These agreements will open new jobs for handicapped men and women. Other efforts to increase work opportunities for the handicapped are treated in greater detail elsewhere in this report.

These Services Get Results

There are nine major services provided under the vocational rehabilitation program. Ultimate rehabilitation is achieved through a carefully developed combination of these services arranged to fit the individual need of every person who is served.

A medical examination is given to each individual to learn the extent of disability, establish the degree of work capacity, and help determine his eligibility. Medical, surgical, psychiatric, and hospital services are provided to remove or reduce the disability. During the past year, for example, medical, psychiatric, or surgical services were purchased for 22,003 persons. Hospitalization and convalescent home-care services were purchased for 14,358 persons under this program. Artificial limbs and other prosthetic appliances are furnished when necessary.

Training in schools, by correspondence courses, or on an actual job is provided to develop occupational skills. Maintenance and transportation may be furnished during medical treatment or vocational training. Tools, equipment, or licenses are provided if these are necessary to give the rehabilitant a fair start in his career.

Tying all these services together into an integrated plan is counseling and guidance, and the psychological testing which aids in the selection of the proper vocational objective. Placement in a job or establishment in a small business is one of the important services provided in the rehabilitation process. The final step is the follow-up to insure that the rehabilitated man or woman is successful and that the employer is satisfied with the placement.

Some disabled men and women require all nine of these services, while others need only a few. However, as more of the severely disabled are being served by this program, new types of the medical and other services required for physical restoration are being furnished in an increasing number of cases.

The function of counseling is assuming greater importance because of the fact that larger numbers of seriously disabled are now being reached. Nearly every case illustrates the need for expert counseling. The paraplegic who is fearful of leaving the sheltered environment of the hospital; the girl whose facial disfigurement leads her to shut herself off from the world outside her home; the blind man whose overprotective family has encouraged his idleness and helplessness—these are examples of the individuals whose problems call for the specialized advice and guidance which are a part of rehabilitation counseling.

Bringing these disabled men and women to the point where they are willing to try to start the rehabilitation process is an important duty of the counselor. But an equally important part of his work relates to achieving support for this program from the community, encouraging new services and facilities, and developing relationships with employer and labor groups which will make placement possible.

MORE HELP FOR THE SEVERELY DISABLED

On August 28, 1950, amendments to the Social Security Act, placing new obligations on the vocational rehabilitation program, became law. This legislation broadens the term "public assistance" to include the permanently and totally disabled. Both OVR and the Bureau of Public Assistance recognize that many persons considered to be permanently and totally disabled under this law can in some instances be rehabilitated. They are in full agreement that every effort should be made to rehabilitate persons in this category whenever possible.

That this attitude reflects the intent of Congress is indicated by the following excerpt from the report of the Joint Conference Committee considering the legislation: "* * * It is recognized that some of the individuals added (to public assistance case loads) possibly could be returned to a condition of self-support."

The staffs of OVR, the Bureau of Public Assistance, and the Public Health Service jointly have developed procedures for coordinating

their respective programs in this new area of common interest. Rehabilitation and public welfare agencies are working together and are combining rehabilitation, medical, and social work competencies to make integrated evaluations of possibilities for rehabilitation. In some States public health services are taking an important part in these evaluations. The fact that OVR, the Bureau of Public Assistance, and the Public Health Service are constituents of the same major agency of Government—the Federal Security Agency—has contributed materially to the rapidity with which this joint effort has advanced.

The team approach to rehabilitation, first employed to serve the needs of amputees, is finding wider application among other cases of severe disability. Under this concept the problems of rehabilitation are approached by a team consisting of the rehabilitation counselor, medical specialists, a social worker, any other specialist who may be concerned and the disabled man or woman being served.

The past year saw considerable progress in the establishment of clinics for the diagnosis, evaluation, and vocational planning for amputees. Such clinics are now being operated with marked success in a number of States.

Under the Randolph-Sheppard Act which authorizes blind persons to operate vending stands in Federal buildings, some 600 vending stands are now being successfully operated by blind men and women. These vending stands provide valuable services to the public.

As a result of the impetus from the vending stand program in Federal buildings, most of the State agencies have developed excellent programs of their own. There are between 800 and 1,000 vending stands now operating in State, county, municipal, and private locations. Seventeen States and the Territory of Hawaii have passed legislation similar to the Federal act authorizing blind persons to operate vending stands in public buildings.

In addition to providing good incomes to more than 1,500 blind men and women, the vending stand program is in effect a show window through which the capabilities of blind persons are displayed to the public every day. The expansion of this program with the resulting employment of thousands of additional blind persons can be made possible by adequate financial support by the Federal and State Governments for the establishment of new enterprises. The cooperation of the custodians of Federal, State, and private buildings is also required.

REHABILITATION AND ADJUSTMENT CENTERS

OVR has long recognized the need for more rehabilitation centers where a variety of specialized services can be provided for the rehabili-

tation of the severely handicapped. These centers can be publicly or privately operated; both kinds are making tremendous contributions to the rehabilitation program.

The States' Vocational Rehabilitation Council, in cooperation with OVR, published in October the results of its 2-year study of rehabilitation centers. This report to the council, developed by its Committee on Rehabilitation Centers, covered the need for these facilities; the services they provide; and their organization, administration, and financing. It will be of considerable aid in the future establishment of such centers. Since publication of the last annual report, several States have passed legislation providing for the establishment of rehabilitation centers and five others are considering such legislation.

Rehabilitation of blind persons can be facilitated greatly by the use of adjustment centers wherein such requirements of daily living as travel, selection and use of apparel, eating in restaurants, shopping, and the like can be taught effectively. OVR made a notable contribution to the development of adjustment centers for the blind by working with their representatives and those of the American Foundation for the Blind to appraise and codify adjustment center procedures. The publication of the findings of the Workshop on Adjustment Centers for the Blind, sponsored jointly by this Office and the foundation, is the most complete treatment of this subject yet developed.

SERVING INDIVIDUALS WITH SPECIAL PROBLEMS

In recognition of the increasing proportion of older persons in the population, as well as the contribution which they could make to the defense effort, OVR is devoting particular attention to the problems related to the rehabilitation of handicapped men and women in the upper age brackets. This Office participated in the National Conference on Aging sponsored by the Federal Security Agency. OVR also plans to continue the development of policies to aid the disabled among older persons by further study carried out in cooperation with the University of Michigan.

As the age level of the veteran population rises, the incidence of nonservice connected disabilities among this group also increases. Many veterans with nonservice connected disabilities are being served by the program, and OVR is now concerned with the development of special procedures for the rehabilitation of the severely disabled in this category. Under study is a pilot plan in the McGuire Veterans' Hospital in Virginia to rehabilitate paraplegics, which may set the national pattern for all veterans' installations in meeting the problem of patients not entitled to Veterans Administration rehabilitation.

The benefit of practical experience in the relatively new field of rehabilitating the mentally handicapped was made available by OVR

to public rehabilitation agencies. Current techniques and doctrine in this area of rehabilitation are treated in an OVR publication entitled "Vocational Rehabilitation of the Mentally Retarded." More than 8,000 copies of this important publication were distributed to professional workers in the field during the past year.

CREATING OPPORTUNITIES FOR THE HANDICAPPED

Several methods of expanding job opportunities for the Nation's substantially handicapped are being applied to help meet manpower needs for defense production and provide better service to larger numbers of disabled people.

Working through the Office of Education and the American Vocational Association, OVR is endeavoring to promote a wider acceptance of severely disabled students in public vocational schools. An important part of this effort is devoted to encouraging the instruction of blind persons in public vocational schools. In cooperation with the Office of Education, OVR distributed an Instructional Guide for the Use of Vocational Schools Providing Training for Blind Persons.

To further demonstrate the practicability of training blind persons in the regular classes of these schools, a pilot program was begun in the Milwaukee vocational and adult schools. Under this program, developed in cooperation with the State agency for the blind, students who are blind receive training in eight separate trades.

OVR conducted two refresher courses for blind industrial employment counselors to assist them in improving their methods of obtaining employment in industry for blind persons. These were attended by counselors from virtually all parts of the country. The counselors who participated are themselves blind and thus have the best possible appreciation of the problems relating to placement of blind men and women in competitive employment.

Whenever appropriate, the facilities of other Government agencies are being used by the State-Federal system for vocational rehabilitation in expanding job opportunities for the handicapped. An effective working relationship is maintained with the United States Employment Service of the Department of Labor, and State rehabilitation agencies are encouraged to work more closely with the public employment services in their States. When they are ready for placement, many persons served by this program are registered with the public employment services so that maximum use can be made of these facilities in locating jobs.

The Department of Commerce, which maintains offices throughout the country available to assist in the establishment of small business enterprises, is aiding in the rehabilitation program. OVR cooperates

with this agency in assisting State rehabilitation services to obtain guidance in helping rehabilitants set up independent business.

On behalf of OVR and other constituent agencies concerned with the welfare of the handicapped, the Federal Security Administrator is a Federal associate member of the President's Committee on National Employ the Physically Handicapped Week. OVR works closely throughout the year with the staff of the President's Committee in the development of plans for bringing the needs of the handicapped before the American public and familiarizing employers with the advantages of employing handicapped men and women.

To insure that the handicapped have fair opportunities for Federal employment, OVR has undertaken with the Civil Service Commission a long-range program of acquainting Federal appointing officers with the capabilities of persons with various types of disabilities. As a result of joint OVR and Civil Service Commission studies to equalize civil service tests for deaf persons, large groups of individuals with hearing loss have been able to take civil service examinations with the assistance of a sign-language interpreter supplied by this program.

In its unending opposition to discrimination against handicapped persons in employment, OVR vigorously and effectively protested proposed revisions by the Interstate Commerce Commission of regulations which would have prevented persons with hearing loss from driving in interstate commerce. Adoption of the proposed changes would have had the effect of denying the right to work to countless experienced drivers and many otherwise qualified veterans who sustained hearing loss while in the Armed Forces.

These activities to expand the opportunities for the employment of handicapped persons are of lasting benefit not only to those who are rehabilitated under this program but to the handicapped population in general. Betterments in the use of our handicapped manpower are as well positive contributions to the defense effort.

RESEARCH

An important function of OVR in assisting the States to meet the needs of the handicapped is participation in research and the dissemination of research findings to operating agencies in the field. Useful information relating to vocational rehabilitation, from any reliable source, is made available to State rehabilitation agencies. Whenever possible, OVR collaborates with other Government agencies and professional or voluntary associations in the conduct of research projects.

One such cooperative research undertaking was carried out jointly with the Social Security Administration, the Public Health Service, and the Bureau of the Census. This was a study of the prevalence of

disability based on a sample of the civilian noninstitutional population, aged 14–64. A significant contribution to information used in planning rehabilitation and other social programs, its findings were published in November.

Planned, in process, or completed during the year by State rehabilitation agencies were studies in the fields of adjustment of blind persons for daily living, rehabilitating the tuberculous, and evaluating diagnostic and other services provided to a group of epileptics.

Rehabilitation Means Cooperation

Day-to-day relationships with the States are maintained by the Director and the two operating divisions of the Office of Vocational Rehabilitation. In the Division of Rehabilitation Standards are three branches—guidance, training, and placement; physical restoration; and services for the blind. The Division of Administrative Standards works through two branches: State administrative planning and survey, and fiscal and statistical analysis. Under the Director are internal administrative and personnel offices and an Information Service to promote public understanding of the program nationally. Assisting the Director is a regional representative in each of the 10 regional offices of the Federal Security Agency.

OVR has the mission of providing leadership and guidance to the States in carrying out their rehabilitation programs. An important part of this responsibility is the administration of grants-in-aid. The actual function of supplying the services of rehabilitation—except in the District of Columbia—rests with the States and Territories. The District of Columbia Rehabilitation Service is administered by this Office.

Assistance provided to the States covers the entire range of services comprising the broad program of vocational rehabilitation. It includes help in the preparation of legislation; advice in the fields of medicine, psychology, and social work; aid with public information programs; assistance in establishing relationships with other interested agencies such as the public employment services; and over-all administration of programs and planning.

State legislation to improve rehabilitation facilities, drawn up in consultation with this Office, has been mentioned earlier in this report. In Oklahoma, OVR assisted the State director in planning and establishing a rehabilitation center at Okmulgee in cooperation with Oklahoma Agricultural and Mechanical College. In Alabama, OVR gave technical assistance in evaluating the program of the comprehensive rehabilitation center operated by Tuskegee Institute. OVR staff

members are also participating in planning for the further development of this center which serves a number of Southern States.

Improved guides for program evaluation were developed in the areas of rehabilitation training, case-work manuals and case recording, occupational information, psychological services, and employment of the severely disabled OVR developed and put into effect new and better methods for periodically reviewing State agency functioning in determinations of eligibility for service, provision of service, and general administration.

The formal agreements upon which the State-Federal partnership for vocational rehabilitation is based are the State plans which set forth the programs of the various State rehabilitation agencies. OVR has the responsibility of insuring that these plans meet acceptable professional standards and conform to Federal and State laws so that the funds appropriated by Congress for the purpose may be granted to the States. A total of 27 recodified State plans were processed and approved by this Office during the past fiscal year.

Constant assistance is given the States in reviewing and amending their plans in order that their programs can be improved within the framework of the legislation which governs them.

OVR maintains close relationships with many unions and labor organizations, both to assure adequate rehabilitation services to their disabled members and to enlist their cooperation in obtaining employment for other men and women served by this program. More than 50 voluntary associations collaborate with OVR in research, planning, and other functions that sustain and improve vocational rehabilitation.

REHABILITATION SERVICE IN THE DISTRICT OF COLUMBIA

During the past year the District of Columbia Rehabilitation Service, which is administered directly by OVR, rehabilitated into successful employment 379 men and women. The case load totaled 2,421 disabled persons.

Jointly with the Public Health Service and Gallinger Municipal Hospital, the Rehabilitation Service participated in establishing a Physical Medicine and Rehabilitation Department at the hospital. A leading authority on physical medicine was assigned by the Public Health Service as medical officer, and the Rehabilitation Service assigned to the staff two occupational therapists and a counselor. The Rehabilitation Service also assumed the cost of the occupational therapy equipment required for this program.

The Gallinger Hospital program makes it possible for the counselor to see prospective beneficiaries of rehabilitation services while they are still under hospital care. During the 8 months in which the pro-

gram has been in operation, the counselor has handled a total of 93 cases. Five of these already have been rehabilitated.

The Rehabilitation Service took the lead in establishing a community-wide Rehabilitation Planning Conference to assist in improving rehabilitation services available to the disabled men and women of the District of Columbia. Better use of existing medical and psychiatric services within the community are being made by the Rehabilitation Service as a result of improvements in organization and methods during the past year.

EXPORTING AN AMERICAN PHILOSOPHY

Never before have the relations of the United States with other nations of the free world been of greater importance than they are today. Never before have greater efforts been made to assist friendly nations and potential allies to strengthen their economies and their governments. Much is being done in this connection without large expenditures. The United States is showing friendly neighbors how to help themselves in many fields of endeavor. This program is an important adjunct to our national security.

In the field of rehabilitation, OVR is taking a leading part in disseminating American "know-how" to nations in all parts of the world. Much of this work is carried on through the United Nations. As mentioned in the preceding annual report, OVR prepared basic statements on rehabilitation used by the United States delegation to the United Nations Economic and Social Council. Largely as a result of these statements, the Council adopted a measure known as the Bolivian-Canadian-United States Resolution on Social Rehabilitation of the Disabled.

As in the preceding year, OVR again prepared basic statements of program plans and policy in the field of rehabilitation for use of the United States delegation to the seventh session of the United Nations Social Commission, held in Geneva, Switzerland, in March and April. These contributed much to the establishment of a rehabilitation unit in the United Nations secretariat. This unit was fully staffed by the close of the fiscal year.

OVR is responsible for planning and supervising the programs of study in the field of rehabilitation for the United Nations fellows and scholars in the United States. Since this program was initiated in 1948, this Office has provided programs for 25 fellows from 12 nations. Four of these came in 1951. In planning and carrying out these programs, OVR works closely with voluntary agencies such as the International Society for the Welfare of Cripples, the Overseas Foundation for the Blind, and others.

The technical assistance programs established under Point IV of the President's program for helping underdeveloped nations through technical and professional guidance are administered by the Technical Cooperation Administration of the Department of State. The Federal Security Agency, through OVR, is responsible for planning and supervising the assistance rendered in the field of rehabilitation. Plans are now being developed by OVR to send consultants to assist Bolivia, Brazil, and Mexico to improve rehabilitation services in these countries. In the future this program will provide for training of foreign technicians in the United States under the direction of OVR.

Under the auspices of the Economic Cooperation Administration, professional men and women from foreign nations visit the United States to study programs in America. During the past year a team of French experts visited this country to study our rehabilitation program, and at least one other such team is expected next year.

In addition to these formal visits by study teams, OVR received many foreign visitors under such auspices as the cultural exchange programs of the Departments of State and Defense; the State Department Fellowship and Specialist Program; and programs of numerous private organizations. OVR has assisted 18 of these foreign visitors in studying first-hand the policies and methods of vocational rehabilitation in the United States since publication of the last report.

The Handicapped People We Serve

The State-Federal program for vocational rehabilitation serves men and women of all ages within the span of normal employment. Virtually every type and degree of chronic disabling defect is found among those accepted for service. Men and women who have been rehabilitated under this program are placed in all the major occupational classifications. The chart below shows the distribution of disabilities and occupational groups of persons rehabilitated during the 5-year period 1946–50.

During this 5-year period, 70 percent of the 250,734 persons who were rehabilitated were men. However, the proportion of women rehabilitated is increasing; it rose from 24 percent in 1946 to 33 percent last year.

About three-fourths of the quarter of a million rehabilitants were not employed when they were accepted for services, and 13 percent of them had never worked. The remaining fourth were employed in jobs that were temporary or unsafe in view of their disabilities or otherwise unsuitable.

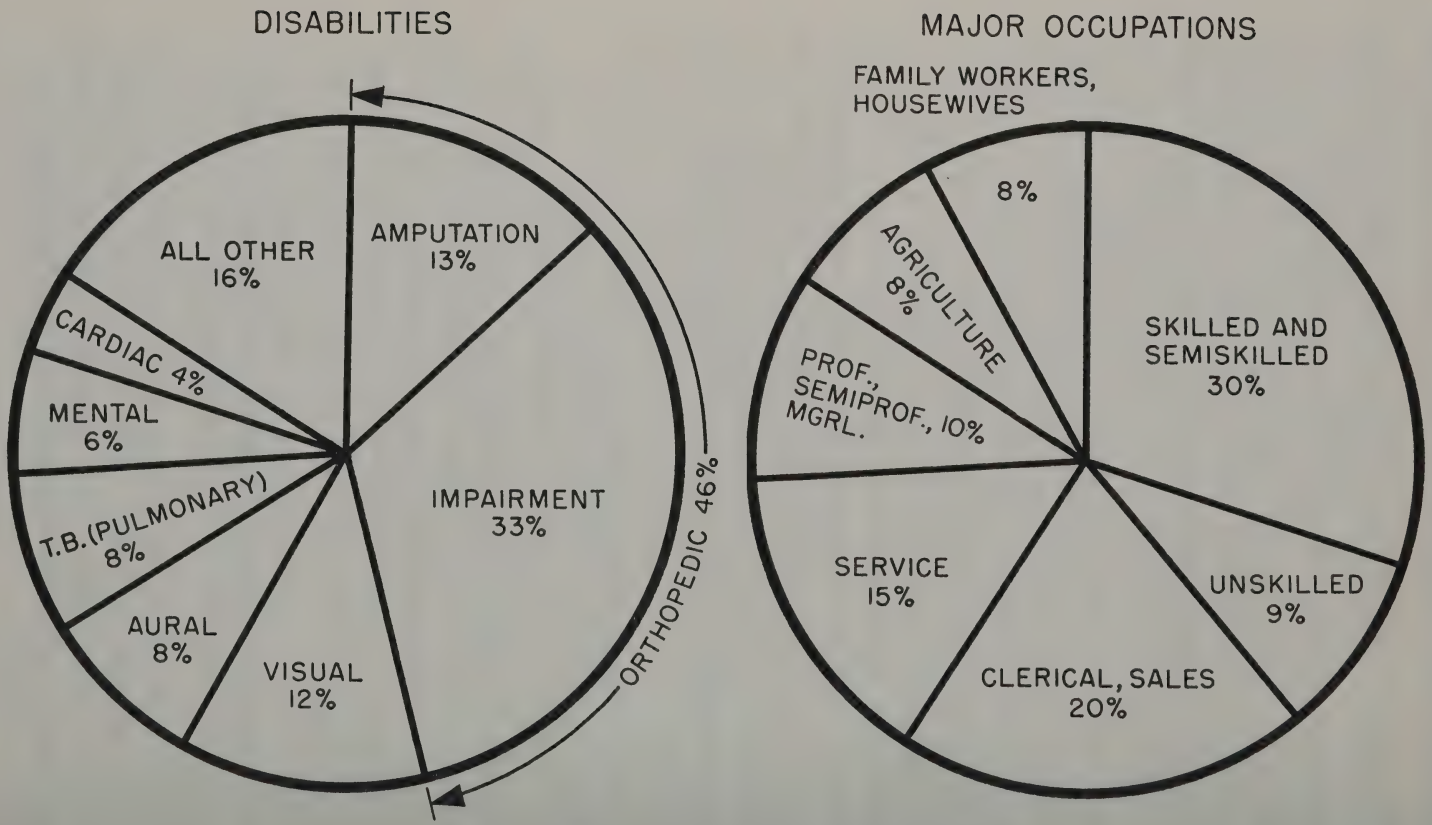

Chart 1.—DISABILITIES AND MAJOR OCCUPATIONAL GROUPS

Percent of rehabilitants, by type of disability at acceptance and by major occupational group at closure, fiscal years 1946–50.

That the majority of those rehabilitated during the 1951 fiscal year are family heads is indicated by the fact that 2 out of 5 of them had 1 or more dependents. However, 7 out of 10 were dependent upon sources other than wages for their support. Nearly half of them were supported by their families, and about 1 in 10 was receiving public assistance. Less than 1 in 10 was receiving any type of insurance benefit at time of acceptance.

On the basis of the distribution of ages among persons rehabilitated in 1950, it is estimated that 24 percent of those rehabilitated during the past fiscal year were 45 years of age or older. About 39 percent of the population 15 years of age and over falls into this age group. Moreover, about 64 percent of the disabled persons 14 to 64 years of age are 45 and over.[1] These figures indicate that greater emphasis must be placed upon the rehabilitation of older persons with physical handicaps.

PAYING RETURNS IN HUMAN BETTERMENT

There are no exact figures on the costs to tax-supported and private social agencies for financial assistance, made necessary by disablement, to countless American families. There are no terms which the handicapped themselves can apply in defining the toll exacted from them by reason of their impairments. These things—the real effects of physical and mental disablement upon society—do not submit to statistical measurement. How, then, can we assess the value of the talent and the manpower lost to this Nation as a consequence of physical and mental disabilities?

One indication is given by the number of handicapped Americans who could benefit from vocational rehabilitation. It is estimated that about 2 million of our disabled people of working age could be made wholly or partially self-supporting through these services. Every year an estimated 250,000 persons, disabled by chronic illness, congenital defects, or accidents, come to need vocational rehabilitation in order to be self-supporting. These estimates include only those persons whose ages and disabilities are such that vocational rehabiltation could benefit them. The foregoing figures—although only approximations—suggest the magnitude of the problem of serious disablement in the United States.

The economics of rehabilitation tell an impressive story. Most rehabilitants had no earnings whatever at the time they began to receive the services of vocational rehabilitation. Those who were earning wages in any type of work were together earning at a rate

[1] This estimate is based on a special study of disability in the civilian noninstitutional population 14–64 years of age, which shows that 63.9 percent of those disabled for 7 months or more were between the ages of 45 and 64.

of only about 18 million dollars a year. After rehabilitation, all rehabilitants placed in gainful work (other than on farms) were earning at an estimated rate of 100 million dollars a year in jobs suited to their individual capacities. It is estimated that, at this rate, by 1955 they will have returned to the Federal Treasury in income taxes the entire 21 million dollars spent last year on the rehabilitation program by the Federal Government. Thus, in 4 years the total Federal investment in these handicapped citizens will be repaid, after which their tax payments will be available wholly for other Government obligations.

It has been pointed out many times that during their working lives, men and women rehabilitated under this program will pay back to the Federal Government in income taxes more than $10 for every Federal dollar spent on their rehabilitation. Few enterprises can show such a high rate of return on the capital invested.

Rehabilitating a handicapped man or woman is a one-time expenditure. During the past fiscal year the cost of operating the entire program for vocational rehabilitation was $457 per rehabilitant. Without rehabilitation, it is often necessary for a handicapped person and those dependent upon him to be supported by a public welfare program. During the fiscal year the average annual payment for aid to dependent children—a category of public assistance often needed when disablement prevents employment of a parent—was $863 per family. In many cases this is an expense that continues for several years. In roughly one-fourth of the families receiving this type of public assistance the father is physically incapacitated.

The expense of maintaining a disabled person in a hospital for an extended period of time also far exceeds the per case cost of rehabilitation. For example, it would cost more than $5,000 to keep a paraplegic hospitalized for 1 year without rehabilitation, even if no extensive therapy were required.

These facts are the simple arithmetic of rehabilitation. They are the hard dollars-and-cents realities which establish the State-Federal program for vocational rehabilitation on a sound economic basis.

Add to these monetary factors the humanitarian considerations to the individual; imagine what it means to the disabled man or woman to be freed from the despair of dependency and given the security of worth-while employment. Add the benefits which accrue to the family of the disabled breadwinner—and to society as a whole. Add the value of new skills and new talents thus made available to the employer. And to all this, add the immense contribution which many thousands of rehabilitants are making to our national security by producing the goods and services which go into advancing our living standard and our strength.

Goals for the Future

Thirty-one years of service to the severely disabled and handicapped men and women of America have proven the worth of the State-Federal program for vocational rehabilitation. During the first 23 years of its existence, this program operated under limited legislative authority that made no specific provisions for physical restoration, which today is one of the vital services rendered to many thousands of Americans. In 1943 the program was strengthened by legislation providing for the present complete range of services, including medical, psychiatric, and hospital care.

The 402,000 men and women rehabilitated since 1943 exceed by a wide margin the number provided with lesser services—210,000—during the preceding 23 years of the program's operation. Thus the history of public vocational rehabilitation in the United States is divided into two major periods. Today we are looking forward to a third major period, yet in the future. That new period would begin when rehabilitation services are available to every American who needs them.

It has been pointed out that about a quarter of a million Americans each year become disabled by accidents, disease, or congenital defects to such a degree that their disablements constitute employment handicaps. There are approximately 2 million men and women who need the services of vocational rehabilitation to contribute their share to the Nation's work and enjoy all the benefits that go with employment under our way of life. The goal of the State-Federal program for vocational rehabilitation is to serve *all* these handicapped persons.

Today we have the experience, the organizational structure, and the medical knowledge to expand greatly the services of vocational rehabilitation. Lacking are two major requirements. One is a broadened legislative base that would enable the program to give still better service to still more people. The other is greater financial support—the dollars which are returned tenfold to the Federal Treasury in the form of increased tax revenues from this Federal investment in human welfare.

Relatively little can be accomplished in rehabilitating the severely disabled without bringing to them the specialized services of modern rehabilitation centers. To be rendered employable, most blind persons need assistance in learning to meet the requirements of daily living. To provide this type of service, more adjustment centers for the blind are essential. Today rehabilitation and adjustment centers are few and far between and unavailable to most of the disabled men and women who could be benefited through their comprehensive services. Federal financial participation in the establishment of such centers is

urgently needed to encourage their development by public and private agencies throughout the country.

To serve those persons whose disabilities are so severe that they cannot enter competitive employment, many sheltered workshops are needed. The few sheltered workshops now in existence have made it possible for the severely disabled which they employ to become wholly or partially self-supporting. Some of these workshops have established splendid records as subcontractors producing materials for defense. Federal financial participation to encourage the establishment of an adequate number of such workshops would make it possible for many otherwise unemployable men and women to do useful work for pay.

Also vital to the rehabilitation of many of the severely disabled are opportunities for self-employment in small-business enterprises, including those suitable for home-bound persons. The present Business Enterprises Program is limited by law to small-business enterprises for rehabilitation of the blind. It excludes other severely disabled men and women. In addition, there is a need to expand the provisions of the Randolph-Sheppard Act to increase the employment opportunities for blind persons as concession stand operators on Federal property and other locations.

Essential to the success of any broadened program for vocational rehabilitation is an adequate supply of highly trained personnel to staff its specialized functions. The need for a training program in this field is critical not only for expanding the program but for meeting existing needs as well. Without professionally qualified personnel in sufficient number, thousands of our disabled citizens will be denied the opportunities held out by dramatic developments in rehabilitation techniques. The need for trained personnel to administer the program is heightened by the necessity for preparing larger numbers of our disabled citizens to meet the requirements of defense production. Adequate numbers of qualified rehabilitation specialists can be assured only by the establishment of training programs set up to meet this need.

These and other needs of the vocational rehabilitation program would be met by provisions along the lines of those embodied in S. 1202 now pending in Congress. Indeed, this proposed legislation would go far in enabling the State-Federal program to attain its goal of extending services to every disabled American who needs them.

In addition, expansion of research to find ways of increasing the speed and efficiency of rehabilitation would pay for itself many times over. There is an acute need for more research to adapt new devel-

opments in medicine, psychology, and related fields to the rehabilitation of the disabled. Spectacular achievements in rehabilitation centers give promise of even greater advances through sustained research in this specialized field.

Broadening the State-Federal program for vocational rehabilitation would be a contribution to the military security, the economic strength, and the social betterment of our country.

Table 1.—*Total referrals and cases, by agency, fiscal year 1951*

[Corrected to August 1951]

Agency [1]	Total	Number closed during fiscal year 1951					Number on rolls, June 30, 1951	
		From active case roll				From referred status [4]		
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reasons [3]		Active case roll [5]	In referred status [6]
Total	387,395	66,193	4,733	624	20,426	64,247	139,567	91,605
Alabama	10,642	1,733	127	10	317	466	4,636	3,353
Arizona	1,480	215	39	3	91	317	443	372
Arkansas	7,109	1,018	44	10	478	1,613	2,511	1,435
California	34,640	5,049	638	19	1,838	8,731	9,483	8,882
Colorado:								
General	2,538	505	5	57	155	414	855	547
Blind	257	38	0	0	14	14	74	117
Connecticut:								
General	5,683	1,178	129	17	307	541	2,915	596
Blind	274	60	26	0	4	25	102	57
Delaware:								
General	1,688	433	52	5	109	244	709	136
Blind	104	26	11	3	2	8	46	[7] 8
District of Columbia	2,421	379	133	12	292	537	857	211
Florida:								
General	8,797	1,690	192	30	488	2,011	3,117	1,269
Blind	3,223	237	87	7	76	1,384	626	806
Georgia	24,634	2,982	95	13	732	2,792	7,328	10,692
Hawaii:								
General	1,913	182	79	4	20	139	592	897
Blind	172	31	0	0	29	48	53	[7] 11
Idaho:								
General	1,431	171	14	7	10	352	234	643
Blind	111	15	1	0	7	24	45	19
Illinois	14,324	3,931	167	17	1,158	1,431	6,242	1,378
Indiana:								
General	5,494	1,063	54	24	225	380	3,176	572
Blind	469	81	7	0	27	34	266	54
Iowa:								
General	5,009	926	39	0	451	656	1,700	1,237
Blind	239	28	0	0	7	118	63	23
Kansas:								
General	3,707	690	37	20	151	748	1,167	894
Blind	290	68	10	3	13	47	100	49
Kentucky	5,827	768	21	2	417	1,830	1,508	1,281
Louisiana:								
General	6,963	1,300	36	14	224	770	3,246	1,373
Blind	1,023	90	13	1	45	191	307	376
Maine:								
General	1,903	255	26	4	132	460	554	472
Blind	170	19	5	1	5	40	70	30
Maryland	6,459	1,023	51	6	317	625	2,848	1,589
Massachusetts [8]	5,195	665	27	2	136	655	1,681	2,029
Michigan:								
General	21,482	5,488	540	37	467	2,522	8,633	3,795
Blind	722	166	20	9	64	105	300	58
Minnesota:								
General	5,934	652	55	19	162	1,171	2,401	1,474
Blind	754	127	0	2	41	181	287	116
Mississippi:								
General	4,741	900	82	6	94	1,169	1,260	1,230
Blind	813	132	38	5	47	177	334	80
Missouri:								
General	6,150	1,190	51	11	364	824	2,705	1,005
Blind	703	131	21	3	10	80	339	119
Montana:								
General	2,206	372	18	6	93	547	754	416
Blind	289	14	0	2	13	108	78	74
Nebraska:								
General	1,878	483	35	7	27	169	915	242
Blind	303	36	3	0	12	26	98	128
Nevada	420	49	0	0	38	114	147	72
New Hampshire:								
General	796	110	17	5	80	181	253	150
Blind	85	10	0	0	13	13	42	7

See footnotes at end of table.

Table 1.—*Total referrals and cases, by agency, fiscal year 1951*—Continued

[Corrected to August 1951]

Agency [1]	Total	Number closed during fiscal year 1951					Number on rolls, June 30, 1951	
		From active case roll				From referred status [4]	Active case roll [5]	In referred status [6]
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reasons [3]			
New Jersey:								
General	4,715	1,305	125	12	152	595	1,931	595
Blind	829	132	88	8	77	219	249	56
New Mexico:								
General	1,284	190	6	1	37	205	446	399
Blind	152	17	4	1	12	39	48	31
New York:								
General	20,641	4,038	344	10	2,919	2,713	8,611	2,006
Blind	1,559	330	39	1	95	146	539	409
North Carolina:								
General	10,053	2,178	53	3	447	1,217	4,106	2,049
Blind	2,157	308	16	4	118	543	935	233
North Dakota	1,526	207	8	3	40	260	442	566
Ohio:								
General	6,534	1,276	45	9	248	1,222	2,154	1,580
Blind	1,333	173	10	5	56	262	611	216
Oklahoma	6,889	1,200	24	8	417	400	3,668	1,172
Oregon:								
General	5,752	541	52	19	223	1,238	1,668	2,011
Blind	372	38	1	4	26	147	108	48
Pennsylvania:								
General	18,823	3,485	91	19	1,209	3,724	5,644	4,651
Blind	3,156	280	26	5	63	688	877	1,217
Puerto Rico	4,634	650	73	0	195	826	1,373	1,517
Rhode Island:								
General	1,679	268	49	3	44	243	736	336
Blind	173	26	0	5	6	2	125	9
South Carolina:								
General	8,879	1,782	57	16	291	1,170	3,085	2,478
Blind	492	67	17	3	40	89	133	143
South Dakota:								
General	897	122	1	3	16	59	464	232
Blind	131	27	0	0	12	23	45	24
Tennessee:								
General	7,886	1,987	67	8	259	1,400	2,548	1,617
Blind	1,062	92	18	4	61	207	390	290
Texas:								
General	16,009	2,032	74	19	446	1,908	6,539	4,991
Blind	2,660	255	23	1	95	1,047	516	723
Utah	2,131	417	27	2	76	351	767	491
Vermont:								
General	1,046	190	16	4	58	183	395	200
Blind	129	17	4	0	2	10	62	34
Virginia:								
General	11,354	1,449	58	11	1,153	2,758	3,353	2,572
Blind	307	28	30	1	16	125	74	[7] 33
Washington:								
General	6,539	963	66	7	172	1,092	2,226	2,013
Blind	288	53	2	1	12	16	171	33
West Virginia	15,089	1,801	46	12	1,266	2,849	4,616	4,499
Wisconsin:								
General	7,064	1,317	119	6	239	944	3,289	1,150
Blind	426	53	1	0	10	32	188	142
Wyoming	1,280	190	8	3	16	263	335	465

[1] In States which have 2 agencies, the agency under the State board of vocational education is designated as "general," and the agency under the State commission or other agency for the blind is designated as "blind".

[2] Closed after rehabilitation plan was agreed upon and approved by supervising official; received rehabilitation service but never reached the point of employment because of personal factors, illness, aggravated disability, etc.

[3] Closed following acceptance during process of counseling or prior to initiation of rehabilitation plan, because of indifference of client, probable increase in degree of disability of client, loss of contact with client, etc.

[4] Services declined, services not needed, individual not eligible, individual needing services other than vocational rehabilitation, referred to other agencies, migratory shifting of the individual, etc.

[5] In process of rehabilitation on June 30, 1951.

[6] Eligibility for rehabilitation not determined.

[7] Adjusted.

[8] Rehabilitation program of the Massachusetts Division of the Blind not in operation.

Table 2.—*Total expenditures from Federal and State funds for vocational rehabilitation by State boards of vocational education, fiscal year 1951* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States, total	$27,262,616	$18,720,726	$8,541,890	$1,557,862	$8,643,714	$17,061,040
Alabama	827,411	530,811	296,600	31,937	202,274	593,200
Arizona	106,144	74,031	32,113	7,204	34,708	64,232
Arkansas	425,338	298,847	126,491	23,544	148,812	252,982
California	2,311,906	1,635,823	676,083	93,134	862,876	1,355,896
Colorado	171,773	129,591	42,182	10,120	77,290	84,363
Connecticut	468,699	347,826	120,873	35,577	191,376	241,746
Delaware	177,628	124,069	53,559	13,673	56,837	107,118
Florida	748,834	505,913	242,921	30,173	232,819	485,842
Georgia	1,407,645	958,039	449,606	69,557	438,876	899,212
Idaho	61,057	41,719	19,338	2,910	19,471	38,676
Illinois	1,713,832	1,141,090	572,742	127,710	440,637	1,145,485
Indiana	484,493	319,465	165,028	31,184	123,253	330,056
Iowa	332,877	241,944	90,933	29,863	121,148	181,866
Kansas	271,936	183,223	88,713	15,417	79,093	177,426
Kentucky	249,690	181,886	67,804	22,091	91,991	135,608
Louisiana	659,715	457,014	202,701	29,230	225,083	405,402
Maine	126,813	87,075	39,738	9,927	37,410	79,476
Maryland	387,675	287,101	100,574	21,609	164,918	201,148
Massachusetts	330,570	252,287	78,283	23,479	150,526	156,565
Michigan	1,463,996	1,041,305	422,691	111,493	507,120	845,383
Minnesota	329,049	224,219	104,830	22,332	96,957	209,760
Mississippi	396,187	289,229	106,958	29,271	152,999	213,917
Missouri	505,428	355,658	149,770	20,536	185,351	299,541
Montana	166,841	121,151	45,690	9,412	66,050	91,379
Nebraska	220,350	147,371	72,979	15,428	58,965	145,957
Nevada	24,247	19,197	5,050	1,061	13,086	10,100
New Hampshire	61,806	41,830	19,976	5,731	16,122	39,953
New Jersey	431,105	311,403	119,702	31,734	159,966	239,405
New Mexico	110,288	74,142	36,146	9,384	27,817	73,087
New York	1,591,625	1,134,880	456,745	106,245	570,857	914,523
North Carolina	875,894	544,132	331,762	37,716	174,543	663,635
North Dakota	139,283	90,309	48,974	11,706	29,630	97,947
Ohio	476,190	335,814	140,376	29,378	166,060	280,752
Oklahoma	621,727	432,235	189,492	30,498	212,245	378,984
Oregon	308,081	218,153	89,928	14,711	113,514	179,856
Pennsylvania	2,041,316	1,301,845	739,471	84,554	476,919	1,479,843
Rhode Island	101,814	70,969	30,845	8,582	31,542	61,690
South Carolina	641,900	432,284	209,616	41,940	180,728	419,232
South Dakota	80,535	52,573	27,962	5,719	18,893	55,923
Tennessee	712,984	474,890	238,094	40,049	196,748	476,187
Texas	1,127,734	755,758	371,976	49,057	334,725	743,952
Utah	159,826	114,877	44,949	9,142	60,786	89,898
Vermont	121,625	77,746	43,879	5,636	28,231	87,758
Virginia	566,190	385,139	181,051	28,840	175,248	362,102
Washington	552,937	401,317	151,620	41,320	208,377	303,240
West Virginia	645,120	447,534	197,586	32,154	217,538	395,428
Wisconsin	643,240	439,871	203,369	30,327	205,407	407,506
Wyoming	117,318	82,582	34,736	4,503	43,344	69,471
District of Columbia	264,252	179,252	85,000	26,748	97,945	139,559
Hawaii	178,392	114,267	64,125	9,027	41,114	128,251
Puerto Rico	321,300	211,040	110,260	25,289	75,489	220,522

[1] Based on reports from States, subject to audit.

Table 3.—*Total expenditures from Federal and State funds for vocational rehabilitation of the blind by State commissions or agencies for the blind, fiscal year 1951* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States total	$3,010,238	$2,280,662	$729,576	$229,650	$1,321,435	$1,459,153
Colorado	38,385	28,420	9,965	2,030	16,424	19,931
Connecticut	30,602	25,627	4,975	1,855	18,797	9,950
Delaware	40,967	28,815	12,152	4,303	12,360	24,304
Florida	228,900	178,995	49,905	26,006	103,083	99,811
Idaho	20,837	15,932	4,905	1,434	9,593	9,810
Indiana	60,443	44,997	15,446	4,572	24,979	30,892
Iowa	24,765	17,911	6,854	1,334	9,722	13,709
Kansas	65,213	51,106	14,107	2,600	34,400	28,213
Louisiana	83,354	68,122	15,232	5,278	47,611	30,465
Maine	21,414	17,228	4,186	1,503	11,539	8,372
Michigan	137,752	111,261	26,491	15,742	69,027	52,983
Minnesota	93,696	65,786	27,910	3,437	34,440	55,819
Mississippi	113,477	93,462	20,015	8,866	64,582	40,029
Missouri	112,045	87,003	25,042	6,556	55,405	50,084
Montana	29,546	21,747	7,799	1,921	12,028	15,597
Nebraska	56,676	40,454	16,222	2,144	22,087	32,445
New Hampshire	16,658	14,308	2,350	1,054	10,903	4,701
New Jersey	101,071	83,518	17,553	5,585	60,380	35,106
New Mexico	16,765	12,713	4,052	1,899	6,763	8,103
New York	340,748	235,097	105,651	21,173	108,273	211,302
North Carolina	329,956	233,047	96,909	24,059	112,079	193,818
Ohio	151,334	120,733	30,601	12,324	77,807	61,203
Oregon	52,640	36,395	16,245	3,848	16,302	32,490
Pennsylvania	230,299	175,236	55,063	18,928	101,246	110,125
Rhode Island	34,832	28,491	6,341	3,919	18,230	12,683
South Carolina	28,515	24,310	4,205	1,992	18,113	8,410
South Dakota	22,200	16,560	5,640	1,985	8,934	11,281
Tennessee	152,008	117,492	34,516	10,696	72,281	69,031
Texas	188,846	148,765	40,081	19,698	88,986	80,162
Vermont	22,554	16,732	5,822	2,906	8,005	11,643
Virginia	42,013	27,816	14,197	2,917	10,702	28,394
Washington	43,100	33,048	10,052	2,839	20,157	20,104
Wisconsin	53,508	40,850	12,658	2,304	25,889	25,315
Hawaii	25,119	18,685	6,434	1,943	10,308	12,868

[1] Based on reports from States, subject to audit.

Table 4.—*Total expenditures from Federal and State funds for vocational rehabilitation, fiscal years 1921–51*

Year	Expenditures			Percent	
	Total	Federal funds	State and local funds	Federal funds	State and local funds
1921	$284,684	$93,336	$191,348	32.8	67.2
1922	736,268	312,463	423,805	42.4	57.6
1923	1,188,081	525,281	662,800	44.2	55.8
1924	1,242,558	551,095	691,463	44.4	55.6
1925	1,187,219	519,553	667,666	43.8	56.2
1926	1,273,572	578,941	694,631	45.5	54.5
1927	1,406,757	631,376	775,381	44.9	55.1
1928	1,541,121	653,858	887,263	42.4	57.6
1929	1,490,180	664,739	825,441	44.6	55.4
1930	1,699,710	739,373	960,337	43.5	56.5
1931	2,042,710	932,718	1,109,992	45.7	54.3
1932	2,185,876	998,489	1,187,387	45.7	54.3
1933	2,176,080	998,589	1,177,491	45.9	54.1
1934	2,079,905	915,659	1,164,246	44.0	56.0
1935	2,247,948	1,031,818	1,216,130	45.9	54.1
1936	2,602,657	1,229,692	1,372,965	47.2	52.8
1937	3,319,096	1,513,441	1,805,655	45.6	54.4
1938	3,862,163	1,790,843	2,071,320	46.4	53.6
1939	3,991,664	1,832,964	2,158,700	45.9	54.1
1940	4,107,806	1,972,274	2,135,532	48.0	52.0
1941	4,711,138	2,281,941	2,429,197	48.4	51.6
1942	5,205,143	2,556,969	2,648,174	49.1	50.9
1943	5,629,923	2,761,748	2,868,175	49.1	50.9
1944	6,371,992	4,051,551	2,320,441	[1] 63.6	36.4
1945	9,855,544	7,135,441	2,720,103	72.4	27.6
1946	13,749,488	10,002,239	3,747,250	72.7	27.3
1947	19,313,344	14,188,933	5,124,411	73.5	26.5
1948	24,568,814	17,706,843	6,861,971	72.1	27.9
1949	25,818,839	18,215,683	7,603,156	70.6	29.4
1950	29,346,824	20,340,142	9,006,682	69.3	30.7
1951	30,272,854	21,001,388	9,271,466	69.4	30.6

[1] Prior to the Vocational Rehabilitation Act amendments of 1943, all expenditures from Federal funds had to be matched by State funds. Under the amendments of 1943 the Federal Government pays the entire cost of administration and vocational guidance and placement services and 50 percent of the cost of medical examinations, surgical, and therapeutic treatment, hospitalization, prosthetic appliances, transportation, occupational tools and licenses, vocational training, and maintenance.

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